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| Last Review Date: March 8, 2024 | | | |
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| Subsection: | Central Nervous System Drugs | Original Policy Date: | March 1, 2002 |
| Section: | Prescription Drugs | Effective Date: | April 1, 2024 |

Amphetamines

Description

Adderall, Adderall XR, Mydayis (mixed salts of a single entity amphetamine) Adzenys XR–ODT*, Adzenys ER, Dyanavel XR*, Evekeo, Evekeo ODT* (amphetamine) Desoxyn* (methamphetamine) Dexedrine, Procentra, Xelstrym, Zenzedi (dextroamphetamine) Vyvanse (lisdexamfetamine)

*Prior authorization for the brand formulation applies only to formulary exceptions due to being a noncovered medication.

Background

Amphetamine is a CNS stimulant and DEA schedule II drug, which is FDA approved for attention deficit hyperactivity disorder (ADHD) and narcolepsy. The exact mechanism by which amphetamines exert their action is unknown; however, amphetamines are thought to block the reuptake of norepinephrine and dopamine by the presynaptic neuron. This causes an increase in the release of these monoamines into the extra-neuronal space and increases their levels in the brain (1-13).

Attention deficit disorder (ADD) is no longer a medical diagnosis; however, it is often used to refer to predominantly inattentive type ADHD and associated symptoms. The terms ADD and ADHD will be used throughout this policy (14).

For patients 22 years of age and older prior authorization and review is required for both diagnosis and quantity requested. For patients 21 years of age and younger review is required if the total daily dose exceeds the FDA recommended daily limit.

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Regulatory Status

FDA-approved indications: The products addressed by this policy are approved for use in the treatment of attention deficit hyperactivity disorder (ADHD) and narcolepsy (1-13). Vyvanse is also indicated for moderate to severe binge eating disorder (6).

Limitations of Use:

Vyvanse is not indicated for weight loss. Use of other sympathomimetic drugs for weight loss has been associated with serious cardiovascular adverse events. The safety and effectiveness of Vyvanse for treatment of obesity have not been established (6).

Vyvanse and other stimulants are not indicated for weight loss (1-13).

Off-Label Uses:

Amphetamines can be used as adjunctive therapy in the treatment of resistant depression (14). Amphetamines have a boxed warning for high abuse and addiction potential. Misuse of amphetamines may cause sudden death and serious cardiovascular adverse events. Other safety issues associated with amphetamines include sudden death in patients who have heart defects. Strokes, myocardial infarction, seizures, visual disturbances, adverse psychiatric reactions, and hypertension have been reported (1-13).

Related policies

Methylphenidates, Provigil-Nuvigil

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Amphetamines may be considered **medically necessary** if the conditions indicated below are met.

Amphetamines may be considered investigational for all other indications.

Prior-Approval Requirements

Age 22 years of age or older*

*For patients 21 years of age and younger review is required if the total daily dose exceeds the FDA recommended daily limit.

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Diagnoses

Patient must have **ONE** of the following:

- 1. Narcolepsy
- 2. Attention deficit disorder (ADD)
- 3. Attention deficit hyperactivity disorder (ADHD)
- 4. Depressive disorder AND ONE of the following:
 - a. Used in combination with antidepressants
 - b. Inadequate treatment response, intolerance, or contraindication to antidepressants
- 5. <u>Vyvanse ONLY</u>: Moderate to severe binge eating disorder (BED)

Prior – Approval Renewal Requirements

Same as above

Policy Guidelines

Pre - PA Allowance

Age22 years of age or older - NONEAge21 years of age or younger

Pre - PA Quantity

| Medication / Strength | Quantity Limit | Daily Dosing Limits |
|--|-----------------|------------------------|
| Methamphetamine 5mg | 5 units per day | 25 mg per day |
| Adderall 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg | | |
| Adderall XR 5 mg, 10 mg, 15mg | | |
| Dextroamphetamine 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg | 4 upite por day | |
| Dexedrine Spansule 5 mg, 10 mg, 15mg | 4 units per day | |
| Evekeo 5 mg, 10 mg | | |
| Zenzedi 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg | | |
| Adderall 20 mg | | 60 mg per day |
| Adderall XR 20 mg | 3 units per day | |
| Dextroamphetamine 20 mg | | |
| Zenzedi 20 mg | | |
| Adderall 30 mg | | |
| Adderall XR 25 mg, 30 mg | 2 units per day | |
| Dextroamphetamine 30 mg | | |
| Zenzedi 30 mg | | |

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| Procentra oral solution 5mg/5mL | 60 mL per day | |
|---|-----------------|--|
| Adzenys ER solution | 15 mL per day | 18.8 mg per day |
| Mydayis 12.5 mg, 25 mg Mydayis 37.5 mg, 50 mg (for age 18-21 ONLY) | 1 unit per day | Age 17 and younger: 25 mg per day Age 18-21: 50 mg per day |
| Xelstrym 4.5 mg/9 hours, 9 mg/9 hours, 13.5 mg/9 hours, 18 mg/9 hours | 1 unit per day | 18 mg per day |
| Vyvanse 10 mg, 20 mg, 30 mg | 2 units per day | |
| Vyvanse 40 mg, 50 mg, 60 mg, 70 mg | 1 unit per day | 70 mg per day |

Prior - Approval Limits

Quantity

| Medication | Daily Dosing Limits |
|---|--------------------------------|
| Adderall | 60 mg per day |
| Adzenys ER solution | 12.5 mg per day (10mL per day) |
| Dexedrine / Dextroamphetamine / Zenzedi | 60 mg per day |
| Evekeo | 60 mg per day |
| Methamphetamine 5mg | 25 mg per day |
| Mydayis | 50 mg per day |
| Procentra oral solution 5mg/ 5mL | 60 mg per day (60 mL per day) |
| Xelstrym | 18 mg per day |
| Vyvanse | 70 mg per day |

| Medication with approved Formulary Exception only | Daily Dosing Limits | |
|--|-------------------------------------|--|
| Adzenys XR-ODT | Age 12 and younger: 18.8 mg per day | |
| | Age 13 and older: 12.5 mg per day | |
| Desoxyn | 25 mg per day | |
| Dyanavel XR | 20 mg per day | |

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| Dyanavel XR oral suspension 2.5 mg/mL | 20 mg per day (8 mL per day) |
|---------------------------------------|------------------------------|
| Evekeo ODT | 60 mg per day |

Duration 12 months

Prior – Approval Renewal Limits

Same as above

Rationale

Summary

Amphetamine is a CNS stimulant and DEA schedule II drug, which is FDA approved for attention deficit hyperactivity disorder (ADHD) and narcolepsy. Amphetamines have a boxed warning for high abuse and addiction potential. Misuse of amphetamines may cause sudden death and serous cardiovascular adverse events (1-13).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of amphetamines while maintaining optimal therapeutic outcomes.

References

- 1. Adderall [package insert]. Parsippany, NJ: Teva Pharmaceuticals USA; October 2023.
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- 3. Desoxyn [package insert]. Lebanon, NJ: Recordati Rare Disease Inc.; October 2023.
- 4. Dexedrine Spansule [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; October 2023.
- 5. Zenzedi [package insert]. Atlanta, GA: Arbor Pharmaceuticals, LLC; January 2022.
- 6. Vyvanse [package insert]. Lexington, MA: Shire US Inc.; October 2023.
- 7. Evekeo [package insert]. Atlanta, GA: Arbor Pharmaceuticals, LLC; January 2022.
- 8. Evekeo ODT [package insert]. Atlanta, GA: Arbor Pharmaceuticals, LLC; October 2022.
- 9. Dyanavel XR [package insert]. Monmouth Junction, NJ: Tris Pharma Inc.; May 2022.
- 10. Adzenys XR-ODT [package insert]. Grand Prairie, TX: Neos Therapeutics Inc.; December 2017.
- 11. Mydayis [package insert]. Lexington, MA: Shire US Inc.; September 2019.
- 12. Adzenys ER solution [package insert]. Grand Prairie, TX: Neos Therapeutics Inc.; September 2017.
- 13. Xelstrym [package insert]. Noven Therapeutics, LLC; March 2022.

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- 14. Lange, Klaus W et al. "The history of attention deficit hyperactivity disorder." Attention Deficit and Hyperactivity Disorders (Nov 2010) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3000907/
- 15. Stoltz, Gabriele. MD; PhD, Woggon, Brigitte. MD., & Angst, Jules. (1999). Psychostimulants in the therapy of treatment-resistant depression Review of the literature and findings from a retrospective study in 65 depressed patients. 1. 165-74.

| Policy History | |
|---|---|
| Date | Action |
| March 2002 July 2007 October 2008 September 2012 June 2013 July 2013 January 2014 May 2014 September 2014 January 2015 February 2015 March 2015 June 2015 | New to PA Vyvanse is a new form of amphetamine that has less potential for abuse. LiquADD is a new solution of D <i>extroamphetamine 5mg/5ml</i> . Annual editorial and reference update Annual editorial review and addition of daily limits. Removal of Dextrostat and LiquiADD and the addition of Zenzedi. Addition of quantity limits Addition of 3 new strengths of Zenzedi Annual reference update Removed non-FDA approved indications Addition of line extension of Vyvanse 10mg Addition of Evekeo and Vyvanse indication for BED Annual editorial review and reference update Annual review and reference update |
| December 2015 January 2016 March 2016 | Changed Policy # from 5.07.01 and sub-heading from Endocrine and Metabolic Drugs Addition of Dyanavel XR Addition of Adzenys XR-ODT Annual review |
| September 2016 July 2017 | Policy number change from 5.06.24 to 5.60.24 Annual editorial review and reference update. Addition of limitations of use for Vyvanse. Change in coverage from 21 years of age or younger for Pre-PA limits Addition of Mydayis |
| September 2017 September 2017 December 2017 November 2018 | Annual review Addition of Adzenys ER solution Annual review Annual review and reference update |
| March 2019 | Annual review. Addition of Evekeo ODT and added Pre-PA allowance for Mydayis 37.5 mg and 50 mg for age 18-21 |

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| December 2019 | Annual review. Moved Desoxyn to MFE with PA only. Addition of statement "Vyvanse and other stimulants are not indicated for weight loss" per SME |
|----------------|---|
| December 2020 | Annual review and reference update |
| March 2021 | Annual review |
| September 2021 | Annual editorial review and reference update. Revised the Pre-PA chart, grouping Evekeo ODT 20 mg with dextroamphetamine and Zenzedi. |
| December 2021 | Revised Pre-PA chart to group all medications with the same mg/day. Changed quantity limit to quantity per day instead of quantity per 90 days. Moved Adzenys XR-ODT, Dyanavel XR, and Evekeo ODT to FE with PA only. Per FEP: Attention deficit disorder with or without hyperactivity (ADD/ADHD) is now being listed as two separate diagnoses: attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD. |
| March 2022 | Annual review. Per SME, added the requirement "used in combination with antidepressants" OR "inadequate treatment response, intolerance, or contraindication to antidepressants" under depressive disorder |
| April 2022 | Addition of Xelstrym to policy |
| June 2022 | Annual review |
| August 2022 | Revised FE with PA only table to add Dyanavel XR tablets to policy. Also changed Dynavel XR oral suspension quantity limit to 20 mg/day per PI |
| December 2022 | Annual review |
| March 2023 | Annual review |
| December 2023 | Annual review and reference update |
| March 2024 | Annual review |
| Keywords | |

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 8, 2024 and is effective on April 1, 2024.